

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000058316

**Entity Name:** DISCOVERY MEDICAL RESEARCH GROUP, INC.**Current Principal Place of Business:**2980 S.E. 3RD CT  
OCALA, FL 34471**Current Mailing Address:**2980 SE 3RD COURT  
OCALA, FL 34471 US**FEI Number:** 04-3666868**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOCAY, HAROLD R  
2980 S.E. 3RD CT  
OCALA, FL 34471 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name LOCAY, HAROLD R  
Address 7507 SE 12TH CIRCLE  
City-State-Zip: OCALA FL 34480Title D  
Name SEEK, MELVIN M  
Address 3291 SW 17TH AVE  
City-State-Zip: OCALA FL 34474Title D  
Name LAKSHMINARAYANAN, SURESH  
Address 1707 SW 27TH PLACE  
City-State-Zip: OCALA FL 34471Title D  
Name NWAKOBY, IZUCHUKWU  
Address 617 SE 47TH LOOP  
City-State-Zip: OCALA FL 34480Title D  
Name ROGERS, TIMOTHY W  
Address 2980 SE 3RD COURT  
City-State-Zip: OCALA FL 34471Title DIRECTOR  
Name VAGHELA, MAHESH K  
Address 2980 S.E. 3RD CT  
City-State-Zip: OCALA FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY W ROGERS MD**DIRECTOR****04/27/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date